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Fax Message

TO:	Examiner Jeffrey E. Russel
APPLICATION NO.:	09/863,649 filed May 23, 2001
CONFIRMATION NO.:	1044
FAX:	(703) 872-9307
FROM:	Lisa A. Dixon
DATE:	December 3, 2004
SUBJECT:	Attorney Docket No. VPI/00-114 US
TOTAL # OF PAGES:	29

Message or Comment

Attached are the following documents:

1. Transmittal Letter (3 pages, in duplicate);
2. Petition for a Five-Month Extension of Time (1 page, in duplicate);
3. Request for Continued Examination (RCE) (1 page, in duplicate); and
4. Amendment and Reply to Office Action (18 pages).

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (703) 872-9307 on this 3rd day of December 2004.


Signature

If any problems occur with this fax transmittal, please call (617) 444-6396 immediately.

FAX Number (617) 444-6483 Legal Department

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For Other Than A Small Entity

VPI/00-114 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Jeffrey E. Russel
Group Art Unit: 1654
Applicants: Julian M.C. Golec, et al.
Application No.: 09/863,649
Confirmation No.: 1044
Filed: May 23, 2001
For: CASPASE INHIBITORS AND USES THEREOF

Cambridge, Massachusetts
December 3, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Office Action; ☐ Exhibit A; ☒ a Petition for Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; ☒ Request for Examination (RCE); to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

☐ A fee for additional claims is not required.

☒ A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	39	-	38	* =	1	X \$ 18 =	\$ 18.00
INDEPENDENT CLAIMS	6	-	6	** =	0	X \$ 86 =	\$ 0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM						+ \$290 =	\$
*	If less than 20, insert 20.					TOTAL	<u>\$18.00</u>
**	If less than 3, insert 3.						

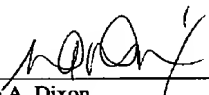
☐ A check in the amount of \$___ in payment of the filing fee is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

☒ Please charge \$808.00 to Deposit Account No. 50-0725 in payment of the RCE (Request for Continued Examination) and filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

- ☒ The following extension is applicable to the Response filed herewith; ☐ \$110.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$430.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$980.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,530.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☒ \$2,080.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$110.00; ☐ \$430.00; ☐ \$980.00; ☐ \$1,530.00; ☐ \$2,080.00 in payment of the extension fee is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ Please charge the extension fee in the amount of \$ 2,080.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.



Lisa A. Dixon
Reg. No. 40,995
Attorney for Applicants
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FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM						+ \$290 =	\$

* If less than 20, insert 20.

** If less than 3, insert 3.

TOTAL **\$18.00**

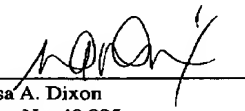
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- [] A check in the amount of [] \$110.00; [] \$430.00; [] \$980.00; [] \$1,530.00; [] \$2,080.00 in payment of the extension fee is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
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